U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 -LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - C	2. Fiscal Year Covered From:		
 	01 / 01 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name CHARLES N HALL, JR	Name LOCAL 108 RWDSU, UFCW, AFL-CIO, CLC		
	Labor Organization File Number 0.22833		
P.O. Box, Bldg., Room No., If any	P.O. Box, Bullding and Room Number, if any		
Street 1576 Springfield Avenue	Street 1576 Springfield Avenue		
City Mapleycod	City Maplewood		
State N1 ZIP Code + 407040	Slate NJ ZIP Code + 4 07040		
5. Position in labor organization. President			

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an Interest In, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
.6. Name and address of Employer (Including trade name, if any).	7.a, Nature of Interest, Transaction, or Income.		
Name William W			
Trade Name, If any:			
P.O. Box, Bldg., Room No., If any	7.b, Amount.		
Street Street			
City [15]			
State ZIP Code +4			

Signature

	<del>/</del>			
ry and other applicable pe	nallies of the law, that all of the information			
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and better, true, correct, and complete. (See the section on penalties in the instructions.)				
on penallies in the instruct	rons.)			
to recall all	reportable transactions that			
xort a reasonab	le estimate of their value.			
<sup>On</sup> <b>8/11/05</b>	(973) 762-7224 Ext #27			
Date	Telephone Number			
	ocuments), has been examon penalties in the instruct to recall all cort a reasonab			

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9, Business deals with; a, Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Trade Name, if any: P.O. Box, Bldg., Room No., if any Approximate dollar value of such dealing, 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, If any).	14.a. Nature of payment.
Name (Investment Mgr.)	02/18/04 Eunch
Trade Name, if any:	05/25/04 Lunch
P.O. Box, Bldg., Room No., if any	
Street 400 W. Market Street	
City Louisville	
State <b>KY</b> ZIP Code + 4 <b>40202</b>	
13.b. Is the Business an Employer or Consultant ?	14.b, Amount of payment. <b>\$85.00</b>